OL.	AIMS AS F	ILED - PART	1	CHA				2/7	
		(Column 1)	(Column 2)	TYP	LL EN		OF		RTHA
TOTAL CLAIMS				R	ATE	FEE		RATE	FE
FOR		NUMBER FILED	NUMBER EXTE		C FEE	385.0		BASIC FE	
TOTAL CHARGEABLE	CLAIMS	minus 20≃	*	XS	9=	· · · · · · · · · · · · · · · · · · ·	1	V0.0	1-
NDEPENDENT CLAIMS		minus 3 =	*		3=	****		Vac	
MULTIPLE DEPENDENT CLAIM PR		ENT					OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
If the difference in colu	umn 1 is less	than zero, enter	"0" in column 2	+14	5=	<u> </u>	OR	+290=	
				TOT	AL L	······································	OR	TOTAL	<u> </u>
/ 12 X1/	S AS AMEI umn 1)	NDED - PART Colum)	• •	n 3) SMA	LLEN	TITY	OR	OTHER SMALL	
	AIMS AINING	HIGHE	ST		1	ADDI-	7		ADE
1/07/A/A AF	TER IDMENT	PREVIOU PAID F	JSLY EXTRA			ONAL FEE		RATE	TION FEI
Total * /	6 Minus			X\$ 9		<u> </u>	OR	X\$18=	
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FIRST PRESENTATIO	N OF MULTIPL	E DEPENDENT (CLAIM		-		OR	×00=	<u> </u>
				+145			OR	+290=	
				TOT ADDIT. F			OR A	TOTAL DDIT. FEE	
(Colui		(Column		3)					
•		I HIGHES	51 f						
	INING	NUMBE	R PRESENT	r		DDI-			ADDI
AFT AMEND	ER	NUMBE PREVIOUS PAID FO	R PRESENT	RATE	TIC	NAL		RATE	TIONA
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